# FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

Mall Processing Section MAR 06 YUUB

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB AF	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2008
Estimated average	e burden
hours per respon	

SEC USE ONLY				
Prefix		Serial		
	DATE RECEIVE	D		

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Washington, DC					
Name of Offering ( check if this an amendment and na	me has changed and in	dicate change )			
ThumbPlay, Inc. – Series E Preferred Stock	and mes changes, and m	dicate cranige.)			
	☐ Rule 504	□ Rule 505	☑ Rule 50	6	n 4(6) □ ULOE
Filing Under (Check box(es) that apply):		Li Kule 505	E Kule 30	o 🗀 Sectio	114(0) D OLOC
Type of Filing:   ☐ New Filing ☐ Amend		400 ED 100 ED 100 E	0 N I D 1 D 1		
	A, BASIC	IDENTIFICATION	ON DATA		
Enter the information requested about the issuer					
Name of Issuer ( check if this is an amendment and na	ime has changed, and inc	licate change.)			
ThumbPlay, Inc.					
Address of Executive Offices	(Number a	ind Street, City, Sta	ite, Zip Code)		Telephone Number (Including Area
599 Broadway, 8th Floor, New York, New York 10012					Code) (212) 651-1796
•					
Address of Principal Business Operations	(Number and Street, C	ity, State, Zip Cod	e)		Telephone Number (Including Area
(if different from Executive Offices)	(-			בח	Code)
(,		רחי	OCESSI		,
Brief Description of Business					
Site of Edition of Editions		M	VR 1 2 200	<b>Q</b> /S	
Sale of wireless entertainment products		PV.	AN, I & ZUU	4	
out of wholes emeralianent products					
		TI	HOMSON		1983    <b>  19</b> 44      <b>  1</b> 869   <b>  186</b> 4     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864     1864       1864     1864     1864     1864     1864     1864     1864
Type of Business Organization		F	NANCIAL		
© corporation	☐ limited partnership.				1
es corporation	infined partnership.	aucady formed		Other (pleas	
□ business trust	☐ limited partnership.	to be formed		Li odici (picas	08041378
C Outstreet a sec		Month	Year		
Actual or Estimated Date of Incorporation or Organizati	ion.	[0]		] ☑ Actual	☐ Estimated
Actual of Estimated Date of incorporation of Organizati	ion.			] — = nettai	LI ESTIMATED
	. La LIC D at IC.		C4-4-\-	D E	
Jurisdiction of Incorporation or Organization: (Enter tw	o-ieuer U.S. Postal Serv	ice appreviation to	r suite):	لاي ي	
	CN for Co.	nada; FN for other	foundant invited but	ian)	
	UN IOT Cal	mana, FIN 101 OTHER	ioreign jurisaict	ion)	

#### **GENERAL INSTRUCTIONS**

#### **Federal**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

## Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

tatell Belletin man training barrier of barrier and			<u> </u>
	cial Owner Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Traasdahl, Are Helge Business or Residence Address (Number and Street, City, Stat	e Zin Code)		
C/o ThumbPlay, Inc., 599 Broadway, 8 <sup>th</sup> Floor, New York, New			
Check Box(es) that Apply:		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Farkas, Bradford L.			
Business or Residence Address (Number and Street, City, Stat C/o ThumbPlay, Inc., 599 Broadway, 8th Floor, New York, New	e, Zip Code)		
Check Box(es) that Apply:  Promoter Benefic		■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	iai Owilci Es Excentive Officei	E Director	a control mason retaining variation
Schwartz, Evan			
Business or Residence Address (Number and Street, City, Stat	e, Zip Code)		
C/o ThumbPlay, Inc., 599 Broadway, 8th Floor, New York, New			<b>B</b> 0
Check Box(es) that Apply: ☐ Promoter ☐ Benefic	ial Owner	■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Hippeau, Eric			
Business or Residence Address (Number and Street, City, Stat	e Zin Code)	<u> </u>	
C/o ThumbPlay, Inc., 599 Broadway, 8th Floor, New York, New			
Check Box(es) that Apply:   Promoter  Benefic		■ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	<del></del>		
Agarwal, Ajay		<del> </del>	
Business or Residence Address (Number and Street, City, Stat C/o Bain Capital, LLC, 111 Huntington Avenue, Boston, Massa	e, Zip Code)		
Check Box(es) that Apply:  Promoter  Benefic		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	an owner Discourse officer		
Softbank Capital Technology Fund III LP			
Business or Residence Address (Number and Street, City, Stat	e, Zip Code)		
1188 Centre Street, Newton Center, Massachusetts 02459			
Check Box(es) that Apply: ☐ Promoter ☐ Benefic	ial Owner	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) i-Hatch Ventures, L.P.			
Business or Residence Address (Number and Street, City, Stat	e Zin Code)		
599 Broadway, 8th Floor, New York, New York 10012	, D. p. 0000)		
Check Box(es) that Apply: ☐ Promoter	ial Owner	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Softbank Capital Technology New York Fund, LP			
Business or Residence Address (Number and Street, City, Stat 1188 Centre Street, Newton Center, Massachusetts 02459	e, Zip Code)		
Check Box(es) that Apply:  Promoter  Benefic	ial Owner	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	in owner in savednive officer		
Verizon Investments, Inc.			
Business or Residence Address (Number and Street, City, Stat	e, Zip Code)	<del></del>	
3900 Washington Street, Wilmington, Delaware 19802		m n:	
51111 511(11) 11 11 11 11 11 11 11 11 11 11 11 11	ial Owner	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Bain Capital, LLC			
Business or Residence Address (Number and Street, City, Stat	e. Zin Code)		
111 Huntington Avenue, Boston, Massachusetts 02199			
Check Box(es) that Apply: ☐ Promoter ☐ Benefic	ial Owner Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Marshall, Scott			<u></u>
Business or Residence Address (Number and Street, City, Stat C/o ThumbPlay, Inc., 599 Broadway, 8th Floor, New York, New	e, Zip Code) · Vark 10012		
Check Box(es) that Apply:		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Thortsvedt, Marcus			
Business or Residence Address (Number and Street, City, Stat	e, Zip Code)		<u> </u>
C/o ThumbPlay, Inc., 599 Broadway, 8th Floor, New York, New			
	2 of 8		
	A. BASIC IDENTIFICATION DA	NTA	

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

		EB 6:10	Executive Officer	☐ Director	☐ General and/or Managing Partner			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	E Executive Officer	Director	El Conciai and or managing ration			
Full Name (Last name first, if individual)								
Bilman, Joe			<u> </u>					
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)						
C/o ThumbPlay, Inc., 599 Broa	dway, 8th Floor, Ne	w York, New York 10012			- District			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Hamre, Lasse								
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)						
C/o ThumbPlay, Inc., 599 Broa	dway, 8th Floor, Ne	w York, New York 10012						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Finn, James			<u> </u>					
Business or Residence Address		eet, City, State, Zip Code)						
C/o ThumbPlay, Inc., 599 Broa	adway, 8th Floor, No	ew York, New York 10012						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Link, Alannah								
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)						
C/o ThumbPlay, Inc., 599 Broa	adway, 8 <sup>th</sup> F <u>loor, Ne</u>	ew York, New York 10012						

<u> </u>				В	. INFORMA	TION ABOU	JT OFFERI	NG				
1. Has the is	ssuer sold, or	does the issue	r intend to sell		dited investors						Yes □	No ⊠
				Answer	also in Appen	dix, Column 2	, if filing und	er ULOE.				
2. What is the minimum investment that will be accepted from any individual? \$_n\frac{1}{a}\$												
3. Does the	3. Does the offering permit joint ownership of a single unit?										No □	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name (	Last name fire	st, if individua	1)									
Business or l	Residence Ad	dress (Numbe	r and Street, C	City, State, Zip	Code)							
Name of Ass	sociated Brok	er or Dealer	·····									
C			* • • •	. 6.1.5.5								
••		sted Has Solic										
(Check "Al	1 States" or ch	neck individua	l States)					***************************************		🗆 All	States	
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) [M1]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	(MM) [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [W]]	[OR] [WY]	[PA] [PR]
Full Name (I	Full Name (Last name first, if individual)											
									·		· · - · · · · · · · · · · · · · · · · ·	
Business or I	Residence Ad	dress (Number	r and Street, C	City, State, Zip	Code)							
Name of Ass	sociated Brok	er or Dealer							-			
States in Wh	ich Person Li	sted Has Solic	ited or Intend	s to Solicit Pu	rchasers							
										🗆 Ali	States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HII)	[ID]
[1L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	(PA) (PR)
Full Name (I	Last name firs	st, if individua	1)									
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Ass	ociated Broke	er or Dealer										
States in Wh	ich Person Li	sted Has Solic	ited or Intende	s to Solicit Pu	rchasers			<u> </u>				
(Check "All	l States" or ch	eck individua	l States)					••••••		🗆 All	States	
(AL)	[AK] [IN]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL) [MT]	[NE]	[A] [NV]	[KS] [NH]	(KY) [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[Mt] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary),

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	answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u> </u>	s <u> </u>
	Fquity	\$ <u>18,000,045.97</u>	\$ <u>18,000,045.97</u>
	☐ Common 图 Preferred		
	Convertible Securities (including warrants)	\$ see above	\$ see above
	Partnership Interests.	<b>\$</b> 0	<b>S</b> 0
	Other (Specify)	s 0	s 0
		<u> </u>	
	Total	\$ <u>18,000,045.97</u>	\$ <u>18,000,045.97</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	9	\$ <u>18,000,045.97</u>
	Non-accredited Investors	0	\$ <u> </u>
	Total (for filings under Rule 504 only)	n/a	\$n/a
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	n/a	\$ n/a
	Regulation A	n/a	\$ n/a
	Rule 504	n/a	\$ n/a
	Total	n/a	\$ n/a
<b>1</b> .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of		V
	the estimate.		
	Transfer Agent's Fees	0	\$ <u> </u>
	Printing and Engraving Costs	О	\$ <u> </u>
	Legal Fees	Œ	\$_100,000
	Accounting Fees		s <u> </u>
	Engineering Fees		<b>s</b> o
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)	0	\$
	Total	ren	¢ 100.000

b. Enter the difference between the aggregate offering price given in response to Part C - furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proce			\$ <u>17,900</u>	<u>,045.97</u>
Indicate below the amount of the adjusted gross proceeds to the issuer used or propos purposes shown. If the amount for any purpose is not known, furnish an estimate and c estimate. The total of the payments listed must equal the adjusted gross proceeds to the Part C - Question 4.b above.	heck the box to t	he left of the		
		Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees		\$ <u> </u>		\$0
Purchase of real estate		\$0		\$
Purchase, rental or leasing and installation of machinery and equipment		\$0		\$ <u> </u>
Construction of leasing of plant buildings and facilities		\$0	0	\$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		<b>\$</b> 0		<b>\$</b> 0
Repayment of indebtedness		<b>s</b> 0	_	s 0
Working capital		<b>s</b>	×	\$ 17,900,045.9
Other (specify):	0	\$0	<b>-</b>	<b>\$</b> 0
		\$ <u> </u>		\$ <u> </u>
Column Totals		\$0	×	\$ <u>17,900,045.97</u>
Total Payments Listed (column totals added)		<b>≥</b> \$ <u>17,90</u>	0,045.97	
 D. FEDERAL SIGN.	ATURE	<del></del>		

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
ThumbPlay, Inc.	AUAmalul	March 4 , 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Are Helge Traasdahl	President	

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

